

Initial Unannounced Full/Partial Follow-up Location Change Investigation Other _____

SUPPLEMENTAL REPORT OF INSPECTION

Name of Program/Provider: Tutor Time of West Haven Date: 8/11/25 Time: 8:20am
Location Address: 221 Bull Hill Lane West Haven, CT 06516 Telephone #: (203) 937-7015
e-mail address: 6272@tutortime.com License #: 16091 Expiration Date: 6-30-29
Capacity: 183 # of Children Present: 36 # of Staff Present: 7

Consent to Inspect
Family Child Care Home
I agree to allow the Office of Early Childhood to have access to and inspect this facility and all child care records as required by Family Child Care Home Regulations.
Provider/Applicant/Substitute's Signature _____

Purpose of visit: Self Reported Incident Case 2025-796

Observations/Corrections needed:

S=19a-79-4a(d)(4)(D) - Child was unsupervised when he left his classroom, walked down a hallway and entered an empty classroom. He was found by another teacher.

S=19a-79-3a(d)(5)(c) - Supervision policy not implemented when child was left unsupervised


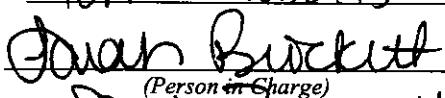
P=19a-79-10(c)(2) - Ratio 1:4

Program to email 1 staff statement
Program to submit program video by next business day
Time child was unattended/unsupervised to be determined

S = Substantiated NS = Not Substantiated P = Pending (if applicable)

Operators/providers are required by regulations and statutes to be in compliance at all times.

CORRECTIVE PLAN SHALL BE RETURNED TO OEC BY: 8/25/25

Signature: 
Print Name: Terri R Roberts
Signature: 
Print Name: Sarah Brackett